

**DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF FAMILY SERVICES
FOSTER/ADOPTIVE PARENT INTAKE FORM**

First Name: _____ Middle: _____ Last Name: _____ Email: _____ Work Phone: _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Hispanic Origin <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input type="checkbox"/> 03 Unable to determine	Race <input type="checkbox"/> 01 White <input type="checkbox"/> 02 Black <input type="checkbox"/> 03 American Indian/ Alaskan Native <input type="checkbox"/> 04 Asian/Pacific Islander <input type="checkbox"/> 05 Unable to Determine	First Name: _____ Middle: _____ Last Name: _____ Email: _____ Work Phone: _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Hispanic Origin <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input type="checkbox"/> 03 Unable to determine	Race <input type="checkbox"/> 01 White <input type="checkbox"/> 02 Black <input type="checkbox"/> 03 American Indian/ Alaskan Native <input type="checkbox"/> 04 Asian/Pacific Islander <input type="checkbox"/> 05 Unable to Determine
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Mailing Address: _____ Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ County: _____

Type of Inquiry: (Check one) 01 Foster 02 Foster/Adoptive 03 Adoptive

What prompted the inquiry? (check only one)

<p>01 TELEVISION</p> <input type="checkbox"/> 01 Adoptathon <input type="checkbox"/> 02 News Special/Human Interest Feature <input type="checkbox"/> 03 PSA (Public Service Announcement) <input type="checkbox"/> 04 Wednesday's Child <input type="checkbox"/> 05 Thursday's Child <p>02 PRINTED MATERIAL</p> <input type="checkbox"/> 01 Promotional Materials <input type="checkbox"/> 02 Brochure <input type="checkbox"/> 03 Phone Book <input type="checkbox"/> 04 SNAP Book <input type="checkbox"/> 05 Billboards/Buses <p>03 WORD OF MOUTH</p> <input type="checkbox"/> 01 Foster/Adoptive Parent Provide name: _____ <input type="checkbox"/> 02 KFACA Support Network <input type="checkbox"/> 03 Other: _____	<p>04 NEWSPAPER</p> <input type="checkbox"/> 01 Herald Leader Ads <input type="checkbox"/> 02 Human Interest Story <input type="checkbox"/> 03 Weekly Paper Specify: _____ <p>05 RADIO</p> <input type="checkbox"/> 01 Advertisement/PSA <input type="checkbox"/> 02 Talk Show <p>06 ACTIVITY</p> <input type="checkbox"/> 01 Church <input type="checkbox"/> 02 Fairs/Festivals <input type="checkbox"/> 03 Speaking Engagements <input type="checkbox"/> 04 State Fair <input type="checkbox"/> 05 Wednesday's Child Booth <p>07 OTHER</p> <input type="checkbox"/> 01 Internet <input type="checkbox"/> 02 Minority Publication Specify: _____ <input type="checkbox"/> 03 Other: _____
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Parent Response:

<input type="checkbox"/> 01 Decided against pursuing fostering	<input type="checkbox"/> 04 Enthusiastic and eager to pursue fostering
<input type="checkbox"/> 02 Will think about fostering	<input type="checkbox"/> 05 Unable to determine the response
<input type="checkbox"/> 03 Hesitant, but willing to pursue fostering	<input type="checkbox"/> 06 DCBS Screened Out

<p>Submitted By: SSN: _____ Name: _____ Region: _____ Date of Inquiry: _____ Date Information Sent: _____</p>	<p>Should this be tracked as:</p> One Church One Child Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No (800)232-KIDS Call? <input type="checkbox"/> Yes <input type="checkbox"/> No SNAP Inquiry? <input type="checkbox"/> Yes <input type="checkbox"/> No Family to Family Inquiry? <input type="checkbox"/> Yes <input type="checkbox"/> No
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